OCT 0 4 2005

## REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

To Commissioner For Patents

Please enter the following submission and withdraw the finality of the proceeding office action or withdraw any pending appeal and reopen prosecution before the Examiner.

Application Number	09/982,269
Filing Date	October 17, 2001
First Named Inventor	Benoit Mory
Group Art Unit	2176
Examiner Name	Robert Stevens
Attorney Docket Number	FR000110
Examiner Name	Robert Stevens

This is an RCE under 37 C.F.R. § 1.114 of the above-identified application (which is made prior to: payment of issue fee; abandonment; notice of appeal to the CAFC; or commencement of civil action under 35 U.S.C. 145 or 146.)

1. Submission	required under 37 C.F.R. § 1.114	
a. X Pre	viously submitted	
i. X Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on <u>September 2, 2005</u> (Any unentered amendment(s) referred to above will be entered).		
ii. Consider the arguments in the Appeal Brief or Reply Brief previously field on		
iii Other		
b. Enclo	sed	
i. 🗀	Amendment/Reply	
ii. 🗀	Affidavit(s)Declaration(s)	
iii. 🔲	Information Disclosure Statement (IDS)	
iv. 🗀	Other(may not be a brief)	
2. Miscellaneou	us established	
a. Suspe	ension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of	
	months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117(i)	
b. Other		
3. Fees		
a. X The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit		
any o	verpayments, to Deposit Account No. 14-1270	
	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUISED	
Name (Print Type)	Russell Gross (Attorney/Agent) 40,007	
Signature	MUN SURE 1014/00	
I hereby certify that this is h	CERTIFICATE OF MAILING OR TRANSMISSION eing deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents,	
Box RCE, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office tell: 571-273-8300 on the date below:		
Name (Print Type)	Elissa DeLuccy	
Signature	Chosa De Luce 10/4/05	